

Certificate of Death

Name in Full *Henry Sherman Annacost* Certificate of
 Town *Annacost* County *Annacost*

Died at *Hantheolind Carroll* MARYLAND

Date 1902	Month <u>5</u>	Day <u>14</u>	Y. <u>31</u>	M. <u>7</u>	D. <u>17</u>	Native of <u>Md.</u>	Occupation <u>Farmer</u>
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living	<u>2</u>		

Husband of Emily B. Bush
 W~~e~~ Father's Name _____ Mother's _____
 Maiden Name _____

Cause of	Primary	Rheumatism	How long sick	9. mo.
Death	Immediate	Consumption	Accident, Suicide, Homicide	

Reported by Edgar F. M. Bush, M.D.

Address *Hampstead Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79828



Name in Full

Certificate of Death

Harris Edgar Bamhart

Town

County

Died at

Mullers

Carroll

MARYLAND

1907
Date 1907
Month May Day 21
Y. 3 M. 6 D. 28
Native of Pa
Occupation
Male White Married Widowed
Female Colored Single Widower
Number of children living

Husband
of
WifeFather's
Name

Harris C Bamhart

Mother's
Name

Mary E. Lawren

Cause of

Primary

Tubercular Cervical Spinal Meningitis 2 weeks

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

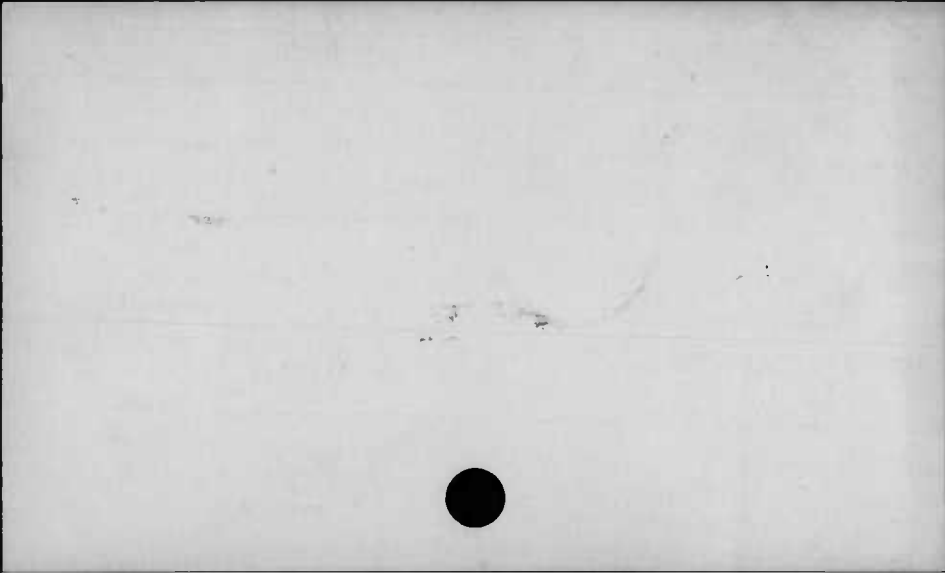
J H Sherman & Wm Winder

Address

Carroll Co Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72708



Name In Full

Howard M. Pitzel

Town

County

Died at *near Smallwood*

Carroll

MARYLAND

Date 1902	Month <i>May</i>	Day <i>13</i>	Age <i>4. 6. 3</i>	Y. M. D.	Native of <i>Ind</i>	Occupation
Male	White	Married	Widow	Divorced		
Female	Colored	Single	Widower	Number of children living		

Husband of
Wife

Father's Name *Charles H. Pitzel*

Mother's Maiden Name *Elizabeth Brooks*

Cause of Death { Primary *Scald*
Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Dr J J Herring
Westminster

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Leominster Church

Burial Ground

Inscriptions

Name in Full

Certificate of Death

Rosana Hoffman Buckingham,
 Town Day County Carroll MARYLAND

Died at

Date 1902

Male

Female

Month

Day

Y.

M.

D.

Native of

Occupation

5

19

Age

40-9-7

Md

Housewife

White

Married

Widow

Divorced

Colored

Single

Widower

Number of children living

8

Husband

of

Wife

Father's

Name

Cause of

Primary

Abortion

Death

Immediate

Puerperal Fever

Reported by

E. DeCroux

M.D.

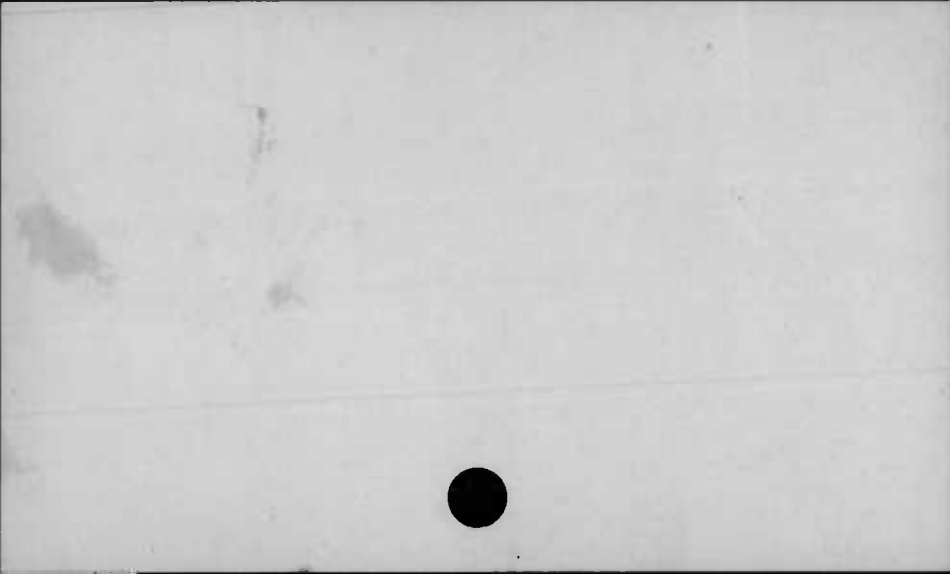
Address

Winfield

Carroll Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79705



Mary Ann Burns

Town

County

Died at Manchester Carroll

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 May 14 Age 83, 6, 27 American House work

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living Nine

Husband of David Burns

Wife

Father's Name Joseph Brummel

Mother's

Maiden Name

Elizabeth Forable

Cause of Primary Heart Trouble

How long sick

4 years or more

Death Immediate General debility

Accident, Suicide, Homicide

Reported by John F. B. Weaver, M.D.

Address Manchester Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date *1902*~~Male~~

Female

Month

Day

Y.

M.

D.

Native of

Occupation

*5**11*

Age

64-11-6

Married

~~Widow~~~~Divorced~~~~Single~~~~Widower~~

Number of children living

4~~Husband~~

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

2 yrs.

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708



Infant
 Town Westminster County Carroll MARYLAND

Died at Westminster

Date 19 02 May 6

Month Day Y. M. D. Native of Occupation

Age 1

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living 0

Husband of _____
 Wife _____

Father's Name Wm C Kerildie Mother's Maiden Name Rosa M. Orndorff

Cause of Death { Primary Still Born Immediate ☒

How long sick _____
 Accident, Suicide, Homicide

Reported by Dr. J. H. Herring M.D.

Address Westminster Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Walter A Dutterus

Town

County

MARYLAND

Died at Silver Run

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

5

4

Age

—

21

Male

White

~~Married~~Widow~~Divorced~~~~Female~~~~Colored~~

Single

Widower~~Number of children living~~~~Husband~~
of~~Wife~~

Father's

Name

Mother's

Maiden Name

Alvin G Dutterus

Ada A Bowersox

Cause of

Primary

How long sick

Two Days

Death

Immediate

Convulsions

71

~~Accident, Suicide, Homicide~~

Reported by

Dr. J. Stewart

Address

Union Mills

Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

George Eckeroode ✓

Town

County

Died at

Westminster

Carroll

MARYLAND

Date 1902

Month

Day

May 16

Age

Y.

M.

D.

Native of

Occupation

Md

Blacksmith

Male

~~White~~

Married

~~Widow~~

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

6

Husband of

Wife

Gingling

Father's

Mother's

Name

Eckeroode

Maiden Name

40

Cause of

Primary

Carcinoma of stomach

How long sick

1 year

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. J. Haring M.D.

Address

Westminster Md

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Catholic Church—

Angusta Zelka

Town

County

Died at

Springfield State Hospital - Sykesville

MARYLAND

Date 19

02

-

5

-

3

-

Age

66

Y.

M.

D.

Native of

Occupation

Germany Housewife.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 2.

~~Husband~~ of

Wife

Father's

Name

Cause of

Primary

Paralysis.

Death

Immediate

Louish Paralytic Stroke exhaustion follow

Reported by

Jesse M. Thompson, M.D.

Address

Springfield State Hospital - Sykesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

~~236~~ Jacob Gettinger

Town

County

Died at Sandyville Carroll

MARYLAND

Date 1802 May 7 Y. M. D. Age 80-10-5 Maryland Occupation Pastor

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband of

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Name

How long sick

Accident Suicide Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name In Full

Certificate of Death

Stepner, Margaret - A.

Town

County

Died at

1902

Date

Sylkesville, Carroll MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

5 - 6 - 43

Age

Wid

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

5

Husband of

Wife of Asa Stepner

Father's

Name

Levin Marjield

Mother's

Name

Hettie Marjield

Cause of

Primary

Diabetes Mellitus

50

How long sick

6 Wks

Death

Immediate

Heart Failure

~~Accident, Suicide, Homicide~~

Reported by

Address

Frank Lucas, M.D.

Sylkesville, Md.

Must be signed by physician, if any In attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Uriah Franklin, Humbert

55

Died at ^{Town} Middleburg ^{County} Carroll MARYLAND

Date 1902	Month	Day	Y.	M.	D.	Native of	Occupation
02	5	26	26	6	2	Carroll Co	Farmer
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower			Number of children living	one

Husband of Maggie M. Humbert.

Wife

Father's Name Geo C. Humbert

Mother's Name Martha E. Yingling

Maiden Name

Cause of Death { Primary Epilepsy

Death { Immediate Suffocation

How long sick 8 yrs

Accident, Suicide, Homicide

Reported by H. Lumbert Brown M. L.

Address Union Bridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Abraham Koon

Town

County

Died at

MARYLAND

Date 19

02

Month

Day

5-12

Y.

M.

D.

Age

73 7 7

Native of

Md

Occupation

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband

of

~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Paralysis

How long sick

6 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be

Signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79802

Father's birthplace. Silver Run, Ind.

Mother's birthplace. Silver Run, Ind.

Name In Full

Certificate of Death

236 / Mary. Ann. Little

Died at

MARYLAND

Town

County

County House

Barroll

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

May 14

Age 101-1-4

Bum

Invalid

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widowed

Number of children living

None

Husband of

Wife

Father's

Mother's

Name

Maiden Name

154

Cause of

Primary

Old age

How long sick

X

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

J. B. Matthews

Address

J. B. Matthews, 214 -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Barl's meeting House

Name in Full

Certificate of Death

James T. Mc Clure Jr

Town

County

Died at

MARYLAND

Eldersburg, Carroll

Date 1902 May 18 Y. M. D. Age 61 4 6 Native of Ind. Occupation Carpenter

Male White Married ~~Widow~~ ~~Divorced~~ Number of children living 5

Husband

of

Amanda R. Mc Clure

Father's

Mother's

Name

John L. Mc Clure

Name

Louise Struthoff

Cause of

Primary

Cancer of liver

How long sick

6 mos

Death

Immediate

asthenia

40

~~Accident Suicide Homicide~~

Reported by

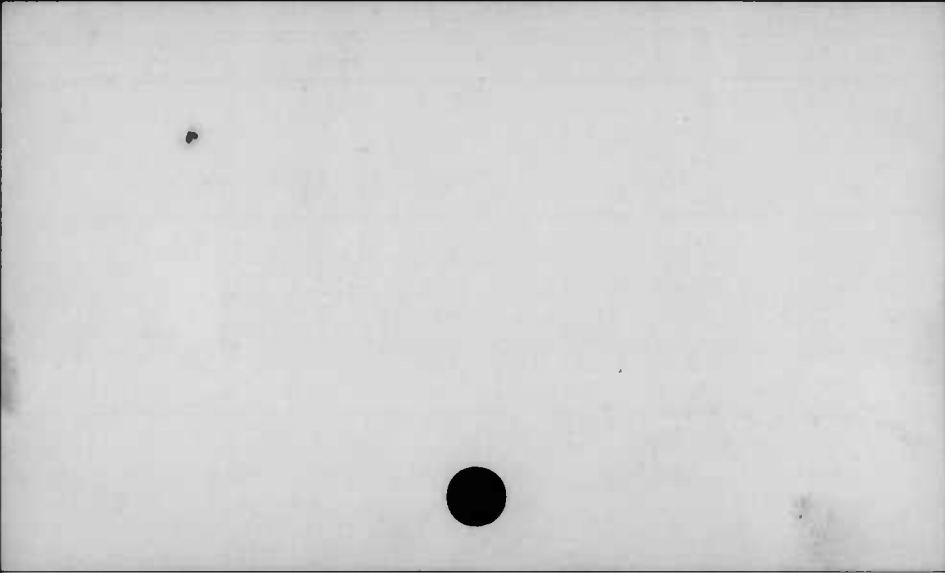
Wm Morris, M.D.

Address

Eldersburg, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name in Full

Certificate of Death

George P. Miller

Town

County

Miller

Carroll

MARYLAND

Died at

1902 May 26
 Date 189 Y. M. D. Age 70.11.19
 Native of Pennsylvania Occupation Farmer
 Male White Married 27
 Female Colored Single Widower
 Number of children living 2

 Husband
 of

 Wife
 Father's
 Name

 Mother's
 Name

Cause of Primary Acute Pulmonary

How long sick

2 months

Death Immediate Insanity

Accident, Suicide, Homicide

Reported by

A. J. Preston

Address

G. M. Chester

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Attended by Dr.

J. H. Preston
of Manchester

Seen by Coroner

of

Information contained in this certificate re-
ceived from

John Miller
of Mil Cross

TO BE ANSWERED BY
NEAREST FRIEND

Ammanda R Myerly

CERTIFICATE OF DEATH

232

Died at Westminster ^{Town} Carroll ^{County} MARYLAND

Date of death 190 2 ^{Month} May ^{Day} 30 ^{Years} 63 ^{Months} — ^{Days} —

Sex Female Color or Race White Birth-place Uniontown Pa

Married, Single or Widowed Widow Occupation —

Name of ~~Wife~~ Jacob Myerly Husband

Father's Name Henry Herbaugh Father's Birthplace York Pa

Mother's Maiden Name Eleanor Wright ¹²⁰ Mother's Birthplace Unionbridge Md

Name of person giving information Emma Duncan How related to deceased Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

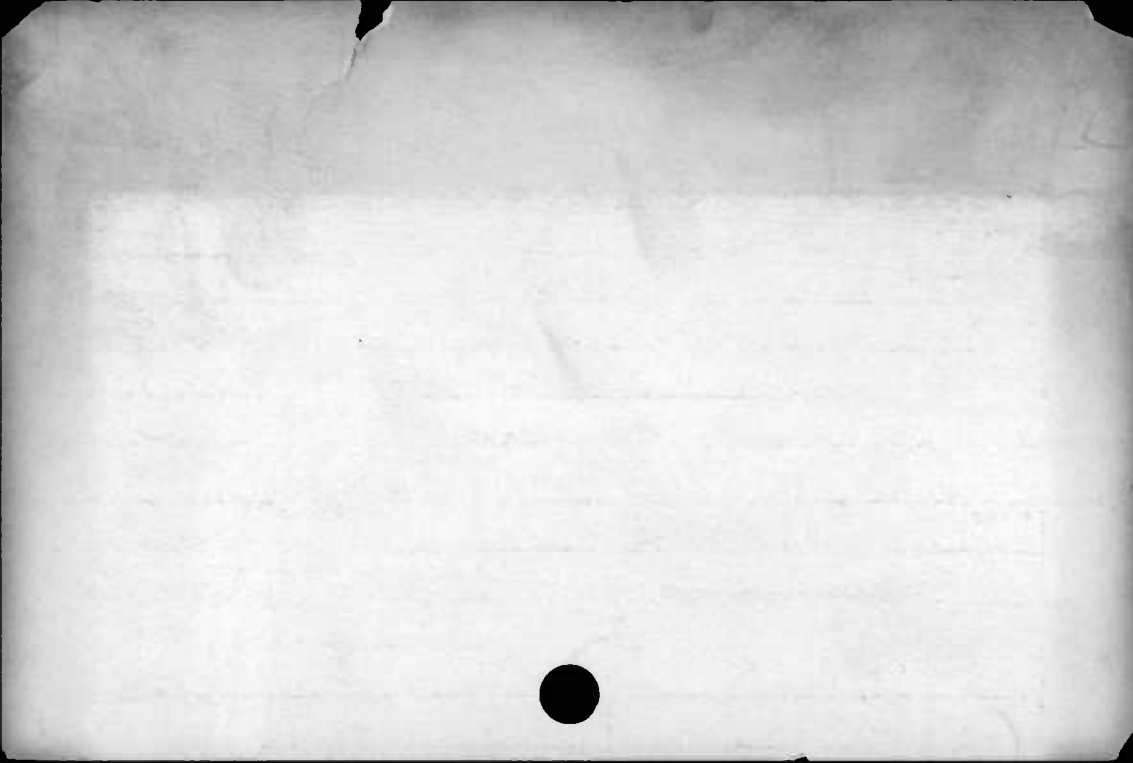
Primary Bright's Disease How long Several Years

Immediate Heart Failure & Dropsy How long 2 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Jas. H. Billingsley M.D. Address Westminster Md.

Accident or Suicide? —



Name in Full

Certificate of Death

Died at *Keyville* Town *Carroll* County *MARYLAND*

Date *1902* *5* Month *7* Day Y. *—* M. *—* D. *—* Native of *—* Occupation *—*

Male *White* *Married* *Widow* *Divorced*

Female *Colored* *Single* *Widower* *Number of children living*

Husband of *D*

Wife

Father's Name *Oliver Newcomer* Mother's Name *Alma B Newcomer*

Cause of Death { *Still Born* Primary Immediate

How long sick *—*

Accident, Suicide, Homicide

Reported by *C. H. Weaver*

Address *Laney Town Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mary Kusbauer

57

Town

County

MARYLAND

Died at

Near Union Bridge, Carroll

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

5

27

Age

64

Mary

Laborer.

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

5

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primery

How long sick

Death

Immediate

179

~~Accident, Suicide, Homicide~~

Reported by

Dr J. Watt

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902 May 9

Age

64-5

ma

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

Colored

~~Single~~

Widower

Number of children living 6

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name In Full

Certificate of Death

230
 Name **Jacobi Petry**
 Town **Westminster** County **Coprae**
 Died **1902** Month **May** Day **31** Y. **76** M. **5** D. **29** Native of **Pa.** Occupation **Farmer**
 Date 1902 Male **White** Married **Single** Widower **Widower** Number of children living **8**

Husband of **Annie L. Petry (Shaffer)**
 Father's Name **Michael Petry** Mother's Maiden Name **Frank**
 Cause of Death { Primary **Fatty Degeneration of Heart** Immediate **Dilatation** " " How long sick **One year**
 Death { **Accident, Suicide, Homicide**

Reported by **Lewis K. Woodman**
 Address **Westminster Maryland**

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Reinhardt

Town

County

Died at

Springfield State Hospital Carroll Co. MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

5-27"

Age

48

Germany

Laborer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Hydronephrosis 12

How long sick

Death

Immediate

Asthma

Accident, Suicide, Homicide

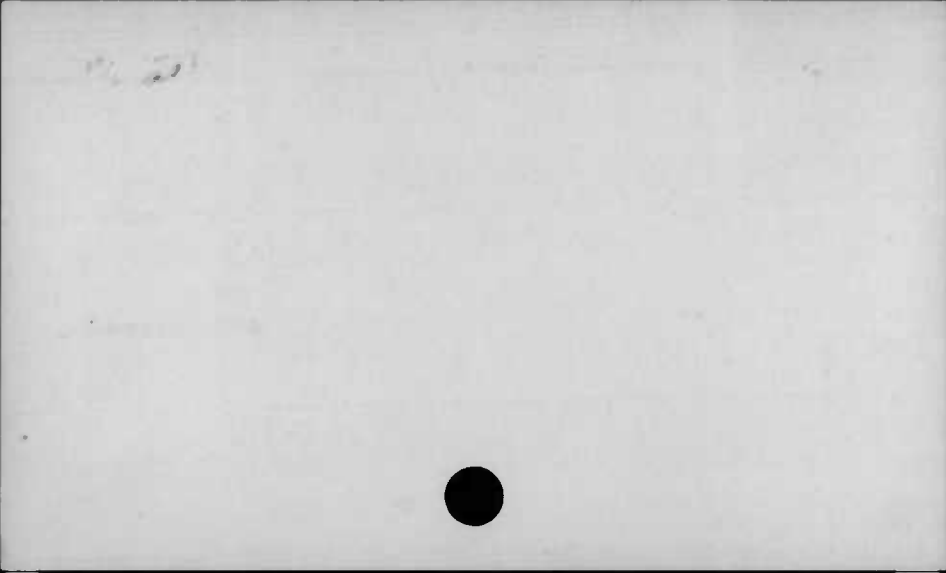
Reported by

Chas J. Carey M.D.

Address

Sykesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Annie May Rodenhi

Died at *Springfield State Hosp.* ^{Town} *Carroll Co.* ^{County} *MARYLAND*

Date 19 *02* ^{Month} *May* ^{Day} *17* | Age *24* | ^{Y.} *Baltimore* ^{M.} *None* ^{D.} *None* | ^{Native of} *None* ^{Occupation} *None*

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~

^{Female} ~~Colored~~ ^{Single} ~~Widower~~ ^{Number of children living}

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Post-epileptic dementia ^{Bright's disease}

Death

Immediate

Exhaustion after repeated

Accident, Suicide, Homicide

Reported by

M. A. Waters M.D.

Convulsions

Address

Springfield State

Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

5

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000



Francis S Sanford

CERTIFICATE OF DEATH

23

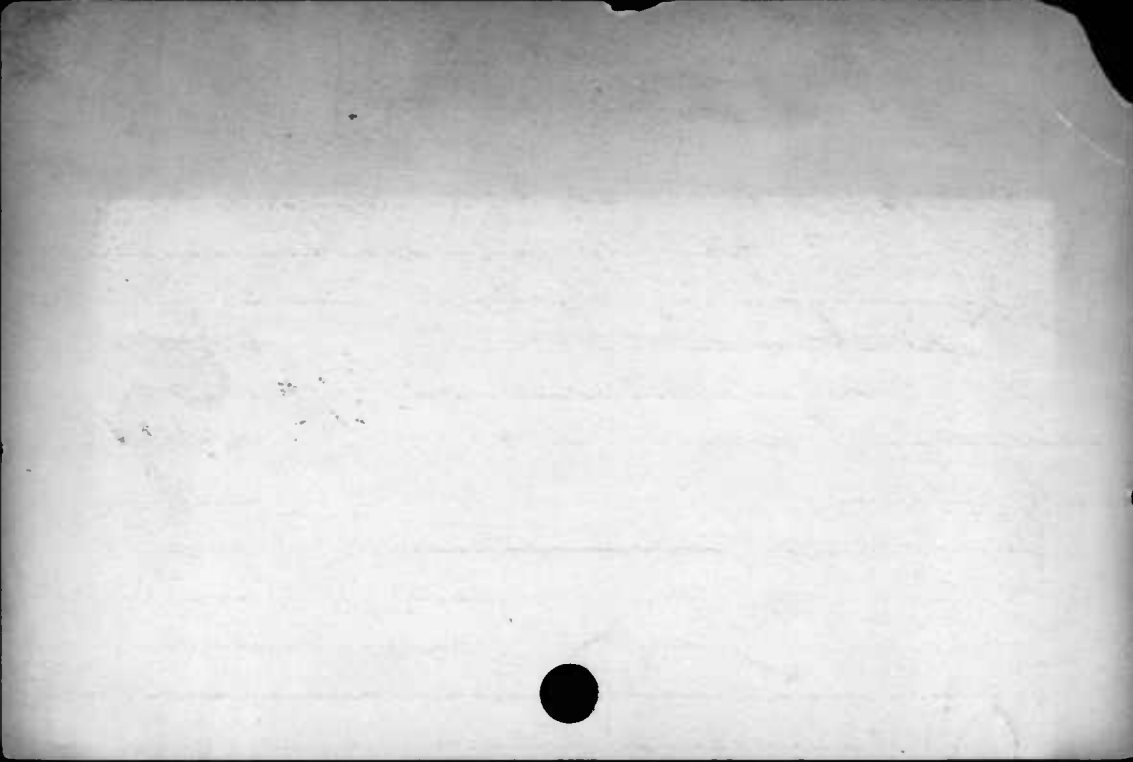
TO BE ANSWERED BY
NEAREST FRIEND

Died at Westminster Town		Carroll County		MARYLAND	
Date of death 1902	Month May	Day 27	Years 61	Months 3	Days —
Sex Male	Color or Race White		Birth-place Baltimore Md		
Married, Single or Widowed Single			Occupation		
Name of Wife or Husband					
Father's Name Abraham Sanford			Father's Birthplace Schmiedgo 1/4		
Mother's Maiden Name Annie E Wagner			Mother's Birthplace do		
Name of person giving information Louisa Serine			How related to deceased Niece		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Concussion of Brain	How long 36 hrs
Immediate " "	How long " "
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr. J. Hering M.D.
D	Address Westminster
Accident or Suicide?	



Katharine Seitz —

Town

County

Died at Springfield State Hospital Carroll Co. MARYLAND

Date 1902	May 21	Age 78	Native of Germany	Occupation Seamstress
Male	White	Married	Widow	Divorced
Female	Colored	Single	Widower	Number of children living 1

Husband of George Birk

Wife of George Birk

Father's Name George Birk

Mother's Maiden Name 120

Cause of Death	Primary	Senile Dementia, Bright's	How long sick 4 days
	Immediate	Brain effusion	Accident, Suicide, Homicide

Reported by Dr. A. Matus M.D.

Address Springfield State Hospital.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902.

5. 13

Age

72-9-1

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

11.

~~Husband~~

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

1 year

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



228 *Caroline Haines Shriver*
 Town County

Died at *Westminster* *Carroll* MARYLAND
 Month Day Y. M. D. Native of Occupation

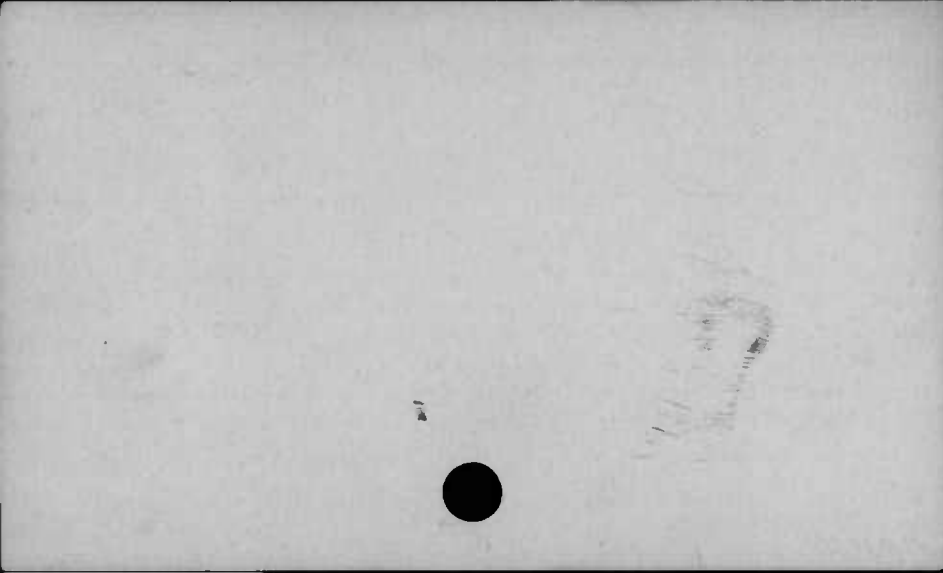
Date 1902 *May 12* Age *69-8-24* *Maryland*
 Male White Married Widow Divorced
 Female Colored Single Widowed Number of children living 9

Husband of *Augustus Shriver*
 Wife
 Father's Name *Thomas. Haines* Mother's Maiden Name *Katharine Sullivan*

Cause of Death { Primary *Paresis* *64* *How long sick* *Carroll two*
 Immediate *Clot on brain* *Accident, Suicide, Homicide*

Reported by *Jas. H. Billingslea M.D.*
 Address *Westminster Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at *Squirrel* Town *Carroll* County MARYLAND

Date *1902* *May 9* Y. M. D. *4* *Carroll* Occupation
~~Male~~ ~~Wife~~ Age *4* *Carroll*
 Female Colored Married Widower Divorced
 Single Number of children living

Husband
 of

Wife
 Father's
 Name

Cause of Primary

Death Immediate

Reported by

Address

151
 Mother's
 Name

How long sick

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name in Full

Certificate of Death

Died at

Date

Male

Husband

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Widower

Number of children living

Wife of

Name

Mother's

Name

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Address

LIBRARY BUREAU, 79706

Died in Howard County-

Name In Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 19

Month

Day

Y

M.

D.

Native of

Occupation

02

May 2

Age

6

Md

child

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name In Full

Certificate of Death

Gertie Younger

58

Town

County

MARYLAND

Died at *Union Bridge**Carroll*Date 19 *02*Month *5* Day *28*Age *28*

Y. M. D.

Native of

Occupation

*28**28**28**MD**House Wife*~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living

2

Husband of

Wife *Harry Younger*

Father's

Mother's

Name

Maiden Name

John Stevens

Cause of

Primary

How long sick

Death

Immediate

179

Accident, Suicide, Homicide

Reported by

Dr. J. Watt

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

